

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010085

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** PRIME PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

73 S. PALM AVE.  
SUITE 219  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

73 S. PALM AVE.  
SUITE 219  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** 20-8324939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARITY, GABRIELE  
623 AVENIDA DEL NORTE  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

CHARITY, GABRIELE  
73 S PALM AVE, SUITE 219  
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

04/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CHARITY, GABRIELE  
**Address:** 424 ALBEE ROAD  
**City-St-Zip:** NOKOMIS, FL 34275 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** CHARITY, GABRIELE  
**Address:** 73 S PALM AVE., SUITE 219  
**City-St-Zip:** SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** GABRIELE CHARITY

MGR

04/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date